



2 LETTERS

36 CASES OF DIPHTHERIA—36 RECOVERIES

Under date of November 10, 1902, Dr. J. P. Kaczorowski, 8400 Superior Avenue, South Chicago, Ill., writes:

"Since the first of September I have recorded the histories of 36 cases of diphtheria which I first saw in different stages of the disease. Some of them were already suffering markedly from dispnoea. In each of the 36 cases I administered *Parke, Davis & Co.'s Antidiphtheritic Serum*, with the result that all of them recovered fully. * * * I have not words sufficient to praise the purity and efficiency of this Serum."

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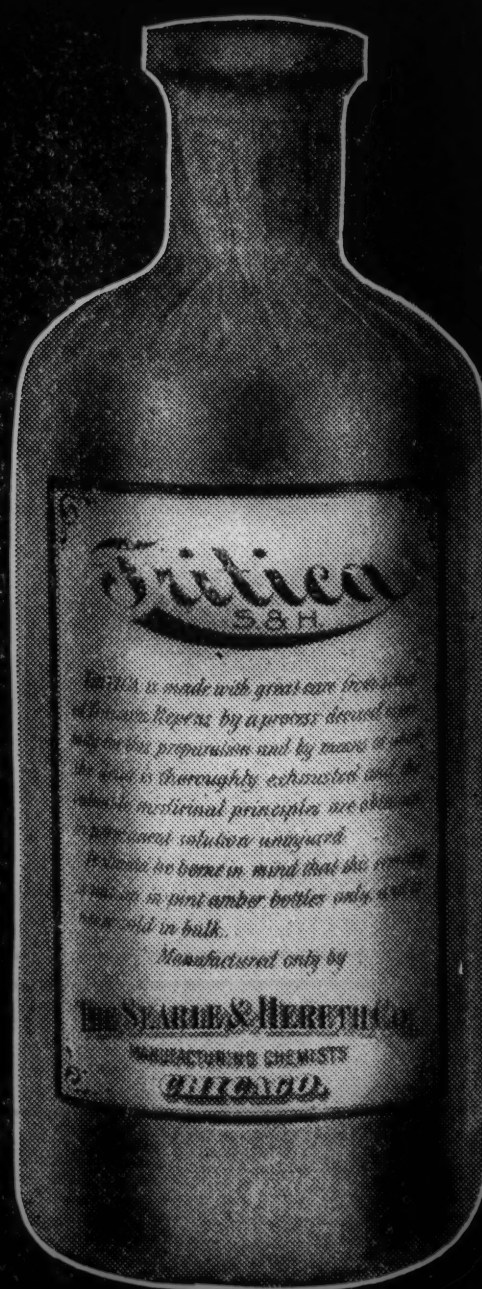
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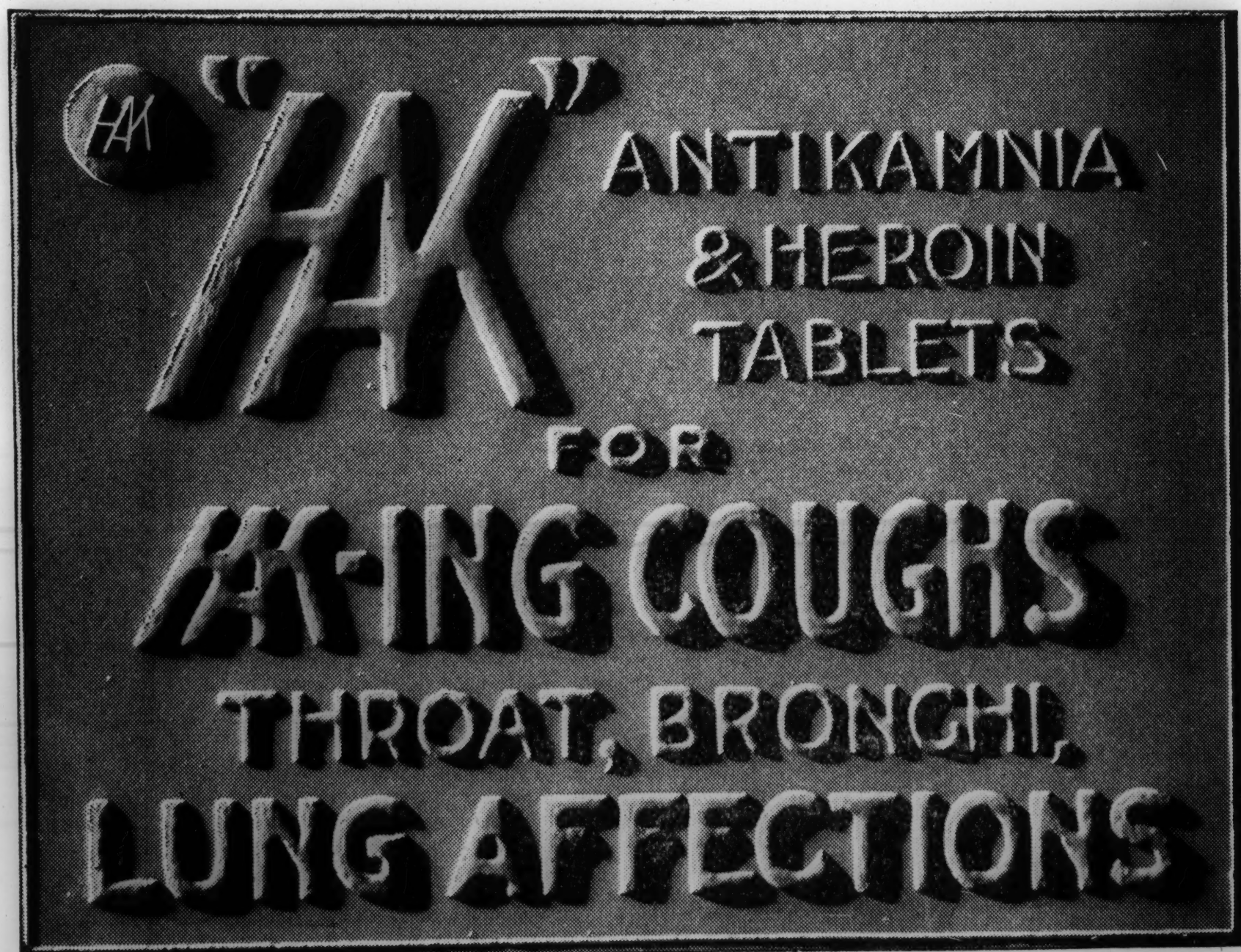
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—DR. B. B. MORROW.

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CALIFORNIA MEDICAL JOURNAL.

VOL. XXIV.

MARCH, 1903.

No. 3.

Rational Medicine and Surgery.

ARTHUR B. NELSON, M. D.

THE medical fraternity in general recognizes two kinds of treatment both in medical and surgical cases. To one the name empirical has been given; to the other rational. They have never yet been able to tell where the dividing line between the two lies; nor have they been able to define it. They also recognize two sets of symptoms: One is the set the patient tells you of—what he feels; how he feels; where he feels and when he feels. The other set is what we can find out for ourselves, characterized anatomically or pathologically. This we learn by using all our skill with mechanical contrivances and we bring into play all our ability to recognize wrong symptoms, by means of our physical senses. Many times we fail even with the employment of both skill and good judgment.

We may have, for instance, general septicæmia without recognizable local infection. This is a group of septicæmias of very great importance to physicians, the full importance of which

we are only now beginning to recognize. The subjects when attacked may be in perfect health—more commonly they are weakened by acute or chronic illness. The pathogenic organisms are varied. The streptococcus pyrogenes is the most common; and the forms of the staphylococcus more rare. The symptoms vary somewhat with the character of the micro-organisms. In the streptococcus cases there may be chills with high irregular fever, and a more characteristic *septic* state than in the pneumococcus infection. The fact once demonstrated that the bug is found does not prove conclusively that the disease for which the germ stands exists, but far from it—a rationalist should only take it as one important factor of many, and should never base his diagnosis on this alone.

Aside from infections, we have a morbid condition called an intoxication. This condition is caused by the absorption of toxines derived from pathogenic organisms. A line cannot be drawn

between an infection and an intoxication, but agents of infection alone are capable of reproduction; whereas those of intoxication are chemical poisons. The first notion involved in treatment is purely a physiological one, the conception of *health*, or the normal state from which the organ has departed and to which it has to be restored.

Health is the result of a number of natural influences acting upon the individual, viz: the circumstances around him and the influences which he brought into the world with him. Our organs having reached their present state by a process of evolution under the influence of the various natural forces which surround us are obedient to these influences and a definite change is thus produced upon them. The first point for the therapist to appreciate is that, just as the forces which surround us are themselves constantly changing, the various conditions of the air, our food, in short our whole environment being inconstant, so the physiological state of our body is not a constant quantity. We speak of a normal state and call it *health*, but the first essential of life and health is a capacity for changing; that is, of accommodation to varying circumstances. The second notion is that we possess a power of interference—a control over the influences and conditions of life.

A very little consideration will enable us to appreciate our power over the forces of nature. Most of the influences we have just considered as normal in their effects, and many that are entirely morbid in character are within our control. We can alter the food we

eat; the air we breathe; our clothing; our sources of heat. We may admit into our bodies substances we find in nature: Mineral, vegetable, animal or altogether artificial. On the other hand we may voluntarily shun or reject such substances and avoid many influences, whether for good or bad, around us. When conditions which surround us become unusual or extraordinary, they lead to a disturbance of the vital processes. If this be moderate it is still included under the name of health; but if considerable, it is called disorder or disease.

It is essentially impossible to draw the line between health and disease. The pulse is accelerated by joy, by wine, by fever; which of these conditions is health? Which disease? All that can be said is that the change from the normal state is frequently so definite that we cannot call it health. Thus we must find another name for it, and call it *disorder*, or if it be more marked and attended by suffering, *disease*. The body possesses abundant means for preventing disease and recovering from its effects. First, when occasion demands it, the organs can display an extraordinary amount of force, as we see in the case of a muscle, such as the biceps or the heart. The organs possess a certain amount of reserve force which is frequently called into play as a means of preventing disease. When hygiene and prophylaxis are powerless or cannot be employed the case comes into the hands of the therapist.

Having met with a case of disease which we have failed to prevent we

first naturally try to remove or destroy the cause. We extract a foreign body from the finger or a poison or indigestible meal from the stomach. We neutralize an acid by an alkali. We kill parasites. We may alter the food and then we say the treatment is *dietetic*. We may alter the atmosphere and then we say the treatment is *climatic*. We may employ chemical and other substances and then the treatment becomes *medicinal*.

Treatment is said to be rational when

it is suggested by all our chemical, physiological and pathological knowledge. Such treatment must be successful if our observations are correct. It is founded on great natural laws which are known and understood. Empirical treatment is founded on experience only and conforms to no yet known law. It may be and frequently is as successful as rational treatment, or sometimes even more so. But whether successful or unsuccessful, we can offer no scientific reason for it.

Points in the Diagnosis of Dilatation of the Stomach.

JOHN HARDING-MASON, M. D.

SOMETIMES the dilated stomach may be recognized easily by the bulging in the region of the stomach and by the peristaltic movements which may be noticed passing from the cardiac end towards the pylorus. The fulness is the more to be noticed, owing to the very sunken condition of the rest of the abdomen. There is sometimes a splashing noise over the stomach showing that the viscus contains both gas and fluid. To be indicative of dilatation it must be present over a larger area than normal and be heard below the umbilicus. Copious vomiting at two or three days' interval is a frequent symptom.

The distention of the empty organ with gas by means of the administration of, first, a solution of citric acid

and then a sufficiency of a solution of bicarbonate of soda to neutralize the acid will generally make it easy to map out the stomach by percussion. Care must be taken that too much gas be not disengaged in the stomach, otherwise there may be vomiting and other unlooked-for results.

The stomach may be lower than normal in the abdomen owing to the falling down of the pyloric end. If the stomach is partly filled with fluid, the dullness elicited will be horizontal above, and curved below; and if the long axis is in the normal position, will extend farther transversely than vertically. If the pylorus is displaced downwards the reverse will be the case.

In palpation the side of the hand is better used than the finger tips, be-

cause the plunging of the finger tips into the abdominal wall will cause contraction of the abdominal muscles and consequent rigidity of the wall. If, with the patient lying on his back, knees well flexed and head and shoulders propped up, the examiner's hand be placed on edge over the stomach

and slowly slipped downwards, the curving wall of the stomach can be readily made out.

It has been suggested to pass a bougie into the stomach and feel for the point through the abdominal wall; but this procedure is not devoid of danger.

Tape Worm Remedies.

DR. M. SCHIRMAN.

THE chief object of using any remedy for the expulsion of this very annoying and distressing worm is to remove it head and all.

Before administering the remedy a saline aperient should be taken,

I prefer saline on account of the copious secretion of fluids from the entire intestinal tract.

The following will act well:

R Mag. Sulph. (Merks C. P.) . . . gr. xxx
Sodi Sulph. gr. xxv
Sach. Alb. gr. x
Sodi Chlorid gr. xv

M Sig. one dose.

This should be given about twenty-four to thirty-six hours before the remedy is to be given.

The patient should eat very little, the less he eats the better; give the following remedy if possible in the morning, one dose, about 7 a. m., the other two hours later.

The formula is:

R Oleoresin Male Fern (Squibb) ℥ij
Fl. ext. Kamala ℥ij
Chloroform gtt. x
Oleum Tigli gtt. iij
Ol. Ricini q. s. ad ℥ij

Mix. This quantity is to be divided into two portions of one ounce each, and taken as directed above.

The patient should sit over a vessel containing warm water, about the normal temperature of the body. There is no cathartic necessary as the remedy is at the same time a cathartic.

Another remedy is ℥iii of Ether taken at one dose. There is one more I wish to mention, and I think it worth while trying. Dr. Carnet, of Connecticut uses this simple remedy and it is said with the very best results. He uses Salicylic acid. He allows the patient to eat as usual and gives gr. viii of Salicylic acid every hour until forty grains are taken. After the last dose a laxative dose of Castor oil is given. The worms are said to pass alive and are usually passed entire.

Treatment of Fractures of the Maxillary Bones from a Dental Standpoint.

DR. J. CLAUDE PERRY.

FRACTURES of the superior maxilla are less frequent than that of the inferior, on account of the fact that the superior maxillary bones are by reason of their location and shape less exposed to injury, while the inferior maxilla is more frequently fractured than any other bone in the face.

Its shape makes it liable to fracture in the anterior portion or at the angle, when blows are received upon the side of the face, and through the ramus or at the neck of the condyle when the blow is received upon the chin. The weakest point of the lower jaw is just anterior to the mental foramen through the alveolus of the cuspid tooth, and is the most common seat of fracture.

Various methods and appliances have been introduced for the purpose of fixation of the fracture in the lower jaw; from the simple fourtail bandage, which is the method most commonly used by general surgeons, to the most elaborate inter-dental splint.

Simple fractures with only slight displacement may be reduced, and usually maintained in position by a simple fourtail bandage, or the Barton or Hamilton bandages, sometimes combined with an external splint moulded to the chin.

The best method to be used in all fractures of the maxilla, is a method

originated and used by Dr. E. H. Angle, of St. Louis, and one which necessitates the service of a dental surgeon.

If the fracture is at the symphysis, a neat way of retaining is by making several bands to fit around a tooth, or several according to judgment, on either side of the fracture; these bands to have small tubes soldered to their labial surface; then after cementing the bands in place a bar is placed through these tubes having a screw attached to one end, which is then screwed up to bring both the fractured ends in position and a fourtail or other bandage may be applied.

If the fracture is at the angle or in the body, another method, also used by Dr. Angle, is to take several teeth on both sides of the fracture and make small bands to fit, soldering to their buccal surface little nob; after cementing in place on the lower as well as the upper jaw, some silver wire is then wound from one nob on either the upper or lower band to the nob in the upper or lower jaw and bound tightly together; if four bands are used the wire should be crossed; both sides of the jaw should be bound together, which makes the parts more immovable and does away with the use of the external bandage; food may be taken in liquid form through the mouth, for there is enough

room back of the tuberosity of the palate bones for the passage of any liquid food.

This method is also used in fractures of the condyles or coronoid processes and in double fractures.

If the patient has no natural teeth, Kingsley's method is the best to be used; impression of both jaws are taken in plaster and an interdental splint made which consists of a simple vulcanite plate of upper and lower jaws in

one piece, with steel arms protruding out of the mouth, and bent back as far as the angle of the jaw. The splint is retained in position by passing a narrow bandage over the arm of the splint and under the chin, back and forth until it is firmly fixed.

If there are any loose teeth do not remove them; nature will look out for that part and they will become firmly fixed in due course of time.

Triticum Repens.

J. M. FRENCH, M. D., MILFORD, MASS.

TRITICUM REPENS (common names couch-grass, quick-grass, dog-grass) is a perennial plant belonging to the grass family, having a long, jointed, underground stem, which is the part used in medicine. It grows commonly in yards, fields and gardens, and flowers in June and July. Wood terms it "a vile herb," and it is so regarded generally, yet it has a positive value in medicine.

It is demulcent and diuretic, and contains a glucoside, tritacin, which represents, to some extent, the medicinal properties of the herb. It is of value in irritable bladder, and in acute and chronic cystitis. My attention was first called to it by the recommendation of Sir Henry Thompson, in his work on the Diseases of the Urinary Organs, in which he advises its use in cystitis.

He says: "The underground stem of the *triticum repens*, or common couch-grass, was introduced some years ago by myself. Of this I will only say, that it maintains its credit, and is undoubtedly very useful in many cases. For use, boil slowly from two to four ounces in a quart of water until it is reduced to a pint. The strained liquor is to be taken by the patient in four doses in the 24 hours. It was a favorite remedy with the old herbals; and it formed the staple remedy against what was called strangury, which a few centuries ago meant everything like pain or difficulty in passing water, no matter what the cause."

Shoemaker recommends its use, in the form either of a decoction or fluid extract, in irritability of the bladder and in chronic cystitis; also combined

A TREATMENT FOR X-RAY BURNS.

47

with belladonna and bicarbonate of soda, in irritable prostate and in gleet. He alludes to its use as a demulcent drink in fevers, and says it may possibly have some value in chronic bronchitis.

Ellingwood states that its action is solely upon the urinary apparatus, on which it exercises a soothing, diuretic influence, greatly increasing the flow of the watery portion of the urine, without to the same extent influencing the actual renal secretion. It is bland, mild, unirritating, and is used whenever urine having a high specific gravity causes irritation of the mucous surfaces of the kidneys and bladder.

I have found it of special value in old men, in cases of irritable bladder, and painful and difficult urination. It increases the flow, lessens the specific gravity, clears up cloudy urine, relieves irritability and undue acidity, relaxes urinary spasm, and in all these ways contributes greatly to the comfort of the patient. I believe it produces better effects when taken as an infusion or decoction, as recommended by Sir Henry Thompson, than in the form of a fluid extract, or even the specific tincture. It seems to yield its virtues quite as freely to water as to alcohol, and its beneficial effects are not increased by the addition of alcohol.

A Treatment for X-Ray Burns.

J. W. HAMILTON, M. D., PARROTT BUILDING, SAN FRANCISCO.

IN using the X-Ray last November, I unfortunately burned my hand in a serious manner, and more unfortunately badly burned a patient. I was very much alarmed about the matter as there had up to that time been no recognized remedy for the treatment of this serious condition. After learning all that I could I found that normal salt solution was all that had the appearance of efficiency. I tried that

with little or no results. One evening while using lanoline for another purpose I applied it to my sore finger and it relieved the pain. I continued its use and soon my hand was well. I applied it freely to my patient and it did the work thoroughly and rapidly. I have now used it in four cases and it is all one can ask for. Brethren, try it.

ETHYL CHLORIDE AS AN ANESTHETIC.— One thousand personally conducted cases with this anesthetic without a death are reported by M. W. Ware in

the *Journal of the American Medical Association*. Altogether 13,246 cases are reported with but one fatality.— *Denver Medical Times*.

The De Truax Sanitarium, Atlanta, Ga.

JOHN URI LLOYD.

In the February number of this journal I called attention to the fact that we of the North in the long winter months crave a touch of Southern air and a breath of open warmth. In this connection it may be added, some desire a country setting while others need or prefer the conveniences of a city. Indeed, in some instances an invalid demands opportunities such as can only be found in a modern city with outlying railway conveniences and cosmopolitan accommodations.

In such a case, Atlanta affords features most desirable, and in the early spring or early fall, presents in addition climatic attractions touchingly grateful to persons as far north only as this section. The change in temperature a few hundred miles south of the Ohio brings is most surprising.

But the next question is, where shall an Eclectic physician turn, who desires for a patient just such an opportunity as good care and attention under his own system of medicine could give, in a city like Atlanta? This question I will answer by saying that the De Truax Sanitarium is conducted by two physicians of our school, in whom I have confidence, and who also possess the goodwill of our people in the South. Dr. H. E. De Truax and Dr. Florence Tippet Duvall, editors of the Georgia Eclectic Medical Journal, conduct the institution, Dr. W. M. Durham being consulting surgeon, and Dr. J. H. Goss consulting physician. These physicians vouch for its local standing, advantages

and the medication. In this connection I will add, that in reply to my questions concerning the Sanitarium, Dr. Duval wrote as follows, which expresses conditions better than I could do:

"We founded the De Truax Sanitarium to establish the fact that Eclectics would furnish means of treatment superior to other schools of medicine. We have maintained the Sanitarium in the face of much opposition and intense prejudice. In spite of all this, the Sanitarium has become popular. Kindly medication, gentle treatment, and the cosy home, have won the day. We feel that we have accomplished the object for which we contended, and that, too, in the spirit which, I think, should characterize the course of all Eclectics, not 'by might nor strength,' but by honest effort and fair just means rather than by abuse and unkindly speech and conduct."

The treatment, it is seen, will be along the kindly lines of modern Eclecticism, the care such as may be depended upon when given in accord with modern sanitary methods.

As indicated in our last, there are many desirable Southern localities, but when the question arises as to where a friend or patient can be located, so as to obtain the proper accommodation in connection with the kindly treatment of our school, a problem arises. This problem, I believe, may be answered in the case of one wishing a homelike sanitarium in a city of the Central South, by addressing either of the physicians named herein for particulars and terms. If this article serves the interest of any of our Eclectic physicians of the North, the writer will be much pleased.

ECZEMAL

COMPOSED OF

Salicylic Acid, Amylum, Zinc Oxid and Ichthyol scientifically combined with a bland, unirritating, absorbable base, forming a remedy of unequalled value for the treatment of Eczema and other forms of skin disease in which a local application is indicated.

ECZEMAL

promptly allays itching, soothes the excoriated surface and rapidly promotes the healing process. Eczemal is sold in one ounce collapsible tubes.

Price, 50 Cents per ounce.

ECZEMA LOTION

is an invaluable application for eczema, syphilitic eruptions, indolent ulcers, itch, and skin diseases generally, it being a skillful combination of Boroglycerid Gaultherine, Echinacea, Fowler's Solution and Resorcin, and is especially applicable to those cases in which an ointment is for any reason contraindicated.

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CALIFORNIA MEDICAL JOURNAL,

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Editorial.

The Physician His Own Dispenser.

The druggist is a convenience, and at one time a valuable assistant to the physician. It is easier to write a prescription than compound medicine in your own office. I might add that it is cheaper than furnishing medicine out of your packet case. But that is not all; convenience and cheapness are not what the physician should aim at when a life depends on his prescription. He must not only be certain that the drug he orders is given, but that the quality is the best, and the dose proper.

All druggists are not honest—I do not say all physicians are. The physician knows his case, the druggist

does not, and is more likely to be tempted to substitute an inferior article for profit, or a different article which has no value, because of his lack of knowledge.

If the doctor dispenses his own medicine, he is sure that the patient gets the quantity and quality of medicine he prescribes. Being sure of his medicine he expects certain results. If he fails the fault is not in the medicine, but in his failure to recognize the proper indications for its use.

The doctor has become the servant of the druggist. He is at his mercy and must accept whatever is sent to the patient. The goods may be inferior, the dose too large or too small, he has no redress. The time is ripe for a change. The druggist must change his methods, or the physician his. The real pre-

scription pharmacist is almost a thing of the past. The modern druggist is a patent medicine vendor, and a distributor of notions.

The doctor must dispense his own medicine if he expects success. Or a combination of doctors must be found to compound and distribute their own medicine. In our large office buildings six or eight physicians could afford to have their own private druggist, and be assured that their patients are properly served with such medicines as they need. The drug store as it at present exists must go, and the doctors' pharmacy succeed.

Abolish Chinatown.

The Chinese are occupying the most sightly part of San Francisco. The view carries the eye over San Francisco bay, the Sacramento river, the Marin hills, Oakland, Berkeley and the Diabolo range; beautiful views. That, however, is not the principal reason that Chinatown should be abolished. It has become a menace to our commercial interests. We are not proud of the spot. We never have been. Yet, we deny that, with all its odors, it produces any more disease, or that the death-rate in the locality is higher than in a like locality in any Eastern city of equal size. Our mis-called bubonic plague has not produced one-tenth the deaths that are occurring at the present time in New York, from an epidemic of typhoid fever.

I agree with the Merchant Association that Chinatown should be converted into a park. The whole is not

necessary; one-half should be sufficient. Five millions of money could not be better invested by the city than in the purchase of a portion of Chinatown. Then if our Board of Health, and Police should attend to their duties, and enforce the Sanitary regulations of the city, we could have a park surrounded by magnificent homes that would be the admiration of the world.

State Board of Medical Examiners.

A State Board of Medical Examiners in any State is an infringement on the rights of a citizen of the State, if not of the United States. Medical Colleges grant degrees. Universities grant degrees. It is as consistent to have a board of examiners to examine an M. E. after he has received his degree as to examine an M. D. after he has received his degree.

The practice of medicine is as much a business as the practice of mechanical engineering. The halo that surrounds a doctor of medicine is imaginative. The grocer and the butcher charge him the same prices as the hod carrier or the millionaire.

Colleges and Universities should have a board of censors appointed by the State to supervise the teachings. The degree should be the evidence of knowledge. I venture to assert that if the State Board of Medical Examiners of the State of Oregon should come before our State Board they would fail to pass a creditable examination; or should the California State Board of Medical Examiners appear before the State Board of Washington a majority

would fail to receive the requisite percentage to obtain a license. And yet the members of the different boards are, I presume, average practitioners of medicine, and well qualified in their profession.

Where Are We?

We do not like to give up old friends. We are shy of new acquaintances. Old theories have been our companions for years, and we hesitate before displacing them for new ones. The world, however, does not wait for us. It moves whether we move with it or not.

Medicine is constantly restless—moving from extreme to extreme. New theories advanced today to be supplanted by others tomorrow. We find it hard to view the human system as a test tube. We can realize that formaldehyde will destroy streptococci in the chemist's laboratory, but that a solution of 1-5000 will overcome septicæmia is another thing. That a 10 per cent solution of carbolic acid taken in proper doses internally will strip tetanus of all its terrors needs further proof. We are not yet convinced that the effect of medical agents is the same in the human system as in the cesspool. Prof. Loeb, with a little potassium, produces sea urchins at will, and we suppose before long will be producing land urchins without the congress of the sexes. Wonderful age!

Now comes our own Atkins and demonstrates to his own satisfaction that oxygen does not pass to the blood current from the lungs. That old osmo-

sis is as dead as Cæsar's ghost. Thus are old cherished ideas being assailed and all that remains for me is to take a vacation and accompany friend Schirman on his next trip to the moon, in his new electrical conveyance.

Editorial Notes.

The American Congress on Tuberculosis is rapidly completing the organization of an International or World's Congress, which will meet at St. Louis, July 18-23, 1904. A large number of prominent physicians have consented to serve on an Advisory Committee to assist the council in perfecting its plans for the meeting, and it is expected that many more will be added to the list. The secretary, Dr. George Brown, Atlanta, Ga., requests to be informed of the date of all meetings of medical societies, names of officers of same, and any other information that will aid him in his work.

Dr. E. A. Ormsby of Concord, was in town early in February, and reports a good and increasing practice. The doctor expressed a wish that another eclectic would settle in his neighborhood; he says there is plenty of room.

Dr. Minnie Holcomb has gone to Mexico, but expects to return to college next term.

Dr. H. B. Crocker has left for New Orleans.

We trust that those of our readers who have not subscribed for the new year will do so promptly. And we must beg those in arrears to square

their accounts as soon as possible as we wish to straighten up our books and make a new start.

The State Society meets in May. Send in your programs for the next issue. In the meantime prepare your papers and arrange matters to appear in person to give the society the best send-off it ever had.

Dr. S. L. Blake of Weaverville, is again with us. He intends remaining some months to refresh his memory and observe what there is to view in the surgical line.

National Eclectic Medical Association.

To the Eclectic Physicians of the United States:

The men appointed to do section work and whose names are here given are all at work. Let me bespeak for them a generous response from each of you. The second day will be the banner day for Eclectic medicine in all the history of the National.

The last hundred minutes will be given for one hundred and fifty or two hundred speeches, each speech to consume twenty to forty seconds. The speech to be some central, burning, seething, active opinion of proven worth about a drug that will perform a certain specific work. Study out your speech now, doctor, write it out on paper, cut out all superfluous words. Write it again, then boil it down to the specific twenty seconds allotted to you and our shorthand reporter will have a materia medica for our next transactions of such vital and specific import-

ance as the medical world has not dreamed.

Everything promises well for our June meeting and every doctor is willing to help the cause, and is writing words of encouragement.

Let me urge you to help your respective State Secretaries in the plan to ORGANIZE thoroughly. Send him the information asked immediately on receipt of the blanks furnished.

Respectfully,

J. D. McCANN, M. D.,
Monticello, Ind. President.

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Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition—By Prof. Carl von Noorden, Senior Physician to the City Hospital Frankfurt. Authorized American edition. E. B. Treat & Co., New York, Publishers.

Part I—Obesity. The Indications for Reduction Cures, is a very interesting treatise on the subject. The dangers of haphazard reduction cures are clearly shown, and the proper methods and indications are demonstrated in a very concise and practical manner. Price 50 cents.

Part II—Nephritis, is even more valuable, especially the chapters relating

to the diet and to the facts of metabolism as a basis for dietary regulations. Price \$1.00.

A Manual of Medical Treatment or Clinical Therapeutics—By J. Burney Yeo, M. D., F. R. C. P.

This is the tenth edition of this valuable work. It is printed in two volumes by W. T. Keener & Company of Chicago. It is the aim of the author to deduce rational medications for treatment from an examination of the pathological nature and clinical course of the disease. Price \$5.00.

Clinical Methods—By Robert Hutchison, M. D., M. R. C. P., and Harry Rainy, M. D., F. R. C. P., Ed. Sixth edition, with upwards of 150 illustrations.

This work describes clinical methods of investigation by the proper application of which a correct diagnosis of disease can be arrived at. Published by W. T. Keener & Co., Chicago. Price \$2.50.

A Nurse's Guide for the Operating-room—By Nicholas Senn, M. D., LL.D., C. M.

This is a valuable little work for a Surgical nurse. It gives the preparation of a patient, diet, after-care, and instruments used in the various operations. Published by W. T. Keener & Co., Chicago. Price \$1.50.

TO CONTROL NASAL HEMORRHAGE.

Rumbold says that hemorrhage from any nasal operation is quickly arrested by spraying vaseline as hot as can be borne into the nostril. The application of a solution of adrenalin chloride is also efficacious.—*American Journal of Surgery and Gynecology*.

Reviews and Extracts.

Early Diagnosis Versus Extensive Operations

In operations for malignant disease the modern tendency is towards the adoption of procedures so extensive and thorough as to accomplish the removal of every vestige of tissue that may be affected. This tendency we by no means deprecate, for it must be concluded that, in the great majority of cases coming before us, nothing but the most thorough extirpation of the neoplasm and the adjoining glandular structures will avail to give the patient a reasonable prospect of survival or, perhaps, a cure. But it must not be forgotten that this necessity for extensive operations is to some extent a reproach upon our powers of diagnosis, since it would seem evident that in every instance of malignant disease there must be a stage during which less radical measures might suffice to accomplish the object. Women will unfortunately always continue to hide lumps in their breasts and conceal uterine hemorrhages, yet it must be acknowledged that these cases form by no means the majority of those demanding treatment, and that most of them have been seen quite early by some practitioner who has either advised or consented to a delay, which all patients are only too eager for. Would that every physician and surgeon were persuaded that it is better to remove a dozen benign tumors than to let a malignant one get beyond the time for hopeful results through surgical inter-

vention. We have no right to ignore the fact that early surgical treatment can never be replaced by extensive operations, and that in many instances the advanced forms of the disease which are usually brought to surgeons are evidence of careless diagnosis or inexcusable procrastination on the part of a medical man who should have insisted, with all the firmness at his command, upon immediate recourse to operative measures.—*International Jour. of Surgery*

Lumbar Puncture as a Curative Agent in Meningitis, with Report of a Case.

By S. Ormond Goldman, M.D. (*American Medicine*, December 27th).—The object of the paper is to call attention to the possible curative value of lumbar puncture, and not to emphasize its well known diagnostic utility. The following case is reported: An eleven months' old infant, after being in an apathetic condition for one day, began to vomit. The temperature was 102° F., and the pulse 120. The following day the vomiting was less and frequent convulsions occurred. Later, complete right-sided paralysis occurred, with left ptosis, rigidity of the neck muscles, clonic spasm of the left forearm, and dilatation of the left pupil. The child was almost comatose. On the second day the temperature was 105° F. This condition prevailed up to about the eighth day. Swelling of the fontanelle set in on the second day, increased to the fifth, and remained stationary to the eighth, when lumbar puncture was performed; fourteen centimetres of

fluid were withdrawn. Examination of this fluid showed no tubercle bacilli. Complete recovery took place in about two weeks. Dr. Goldman thinks that in children trauma may often be the cause of a meningitis. Withdrawal of even a small quantity of fluid, by relieving tension, may enable absorption again to take place. The operation itself he thinks is without danger.—*New York Med. Journal.*

Tendon Transplantation for Flatfoot.

The treatment of flatfoot by the transposition of tendons has hitherto been employed by shortening the tibialis posticus (Hoffa, Franche), sewing of the tibialis anticus to the under surface of the first metatarsal bone (Franche), and by transplantation of a part of the tendo Achillis to the tendon of the tibialis posticus (Nicoladoni). Muller *Centralblatt fur Chirurgie*, Jan. 10, 1903) endorses the principle of tendon transplantation for the correction for this deformity and describes his technique, which consists in transferring the tendon of the tibialis anticus to the scaphoid bone. He has performed the operation thirteen times on seven patients, and is well satisfied with the results. A curved incision is made from the inner side of the ankle reaching as far as the base of the first metatarsal. The insertion of the tibialis anticus is searched for and the tendon severed close to the bone. A canal, the caliber of which is about the thickness of a lead pencil, is drilled through the scaphoid bone, and the tendon of the tibialis anticus is pulled

through this canal by means of a thread. The arch of the foot is then restored by pressure, while strong traction is applied to the anterior tibial tendon, the end of which is reflected onto the surface of the scaphoid and sutured. A plaster-of-Paris bandage is applied for four weeks, at the end of which time and passive motion and massage are applied for four weeks. The arch of the foot is supported by a sole until the muscles have become sufficiently strong. Before beginning the operation the tendo Achillis is cut. In some cases section of the tendo Achillis is all that is required.

The *New York Medical Critic* announces that each subscriber to that journal will receive a free copy of the *Medical Index* next month (March 1903).

The volume will contain names, place and date of publication, price, circulation and names of editor and publishers of over 600 of the principal medical publications in this country and abroad, and also the titles and authors of each article published during the year 1902, arranged according to subjects and alphabetically. When it is noted that the list is complete up to January 1903, it should prove especially valuable in bridging over the period which has elapsed since the index medicus was discontinued.

Considering the expenditure of time and money in the preparation of this volume, and the liberality of the publishers in presenting it free to the profession, the enterprise marks a new era in medical journalism and merits appreciation and success.

Operation for Rectal Prolapse.

Dr. Jos. M. Mathews, Professor of Rectal Surgery in the Hospital College of Medicine, Louisville, says that many bad cases of rectal prolapse demand abdominal section and ventral fixation of the sigmoid; but some may be cured by this method. The rectum is irrigated several times before the operation with a hot solution of boric acid, one ounce of the powder dissolved in a gallon of distilled water. After the patient is anesthetized, the rectum is drawn out to the full extent of the prolapse. It is then held firmly by forceps, and an incision is made at the anal portion of the prolapse, completely around the gut. A careful dissection is next made of the mucous membrane and submucous tissue, extending to the terminal end of the prolapse, when with a stout pair of scissors it is cut off, removing a cuff. The two edges are then pulled together and sutured with catgut. There is very little blood lost during the operation, and all hemorrhage can be checked by the application of hot sponges. The result has been so satisfactory after this operation that the writer begs to recommend it to those looking after this kind of work. The peritoneum must under no circumstances be opened in this operation.

Overfeeding and Cancer.

Josiah Oldfield, in correspondence with the British Medical Journal, adds further testimony to his conviction, expressed in a paper read before the

British Medical Association at Ipswich, that the overfeeding of animals and the retention in their tissues of the decomposition products make the eating of such animals as food productive of an unstable cell equilibrium which foreruns the cancer incidence, and that the same thing applies to vegetables, though in a lesser degree. During his late tour through India he found cancer practically absent from all those areas where vegetation was sparse and where the animals used for food had lived a hardy existence, and in those regions marked by ranker vegetation and where the animals were more highly foddered it was more prevalent. —*American Medicine*.

PROTECTION NEEDED.—According to the Editor of the *Medical News*, John P. Percell, of New Dorf, Staten Island, has just recovered \$5,000.00 from a reputable physician in the town. The case was founded on a supposed confusion of Bronchial Pneumonia and Diphtheria. A good deal of irrelevant evidence was allowed and the hard-working physician had to pay the bill although it was clearly shown that he was not technically at fault. While the courts seemed to be friendly disposed toward all forms of quackery, they are too often disposed to be too severe on the regular practitioner, especially if there is any political influence. It is in cases of this kind when the protection of the Fidelity & Casualty Co. of New York is most appreciated, especially as the expense is very light and the security and reliability of the highest order.

Treatment of Inoperable Cancer.

After an elaborate review of the various methods of treatment, including serumtherapy, phototherapy, radiotherapy, etc., Morris (Journal of American Medical Association) offers the following conclusions: 1. That the bacterial treatment of malignant disease is not of the slightest use in carcinoma; that not one-half of the cases of spindle-celled sarcoma disappear under treatment with Coley's fluid; and in cases of sarcoma, other than the spindle-celled, Coley's fluid is not of value. 2. That Beatson's treatment is limited in its action to cases of mammary carcinoma, and even in these cases only a small proportion are influenced by the treatment, while neither as a cure nor as a palliative can it be relied on in any given case. 3. That rodent ulcer has in Finsen's light and in the X-rays its most successful treatment, and that this is true not only of cases otherwise inoperable, but also of operable cases, because of their excellent cosmetic results, and of their effect on insidious and non-evident foci. 4. That sarcoma, epithelioma and the other forms of carcinoma are best treated, whenever possible, by early excision; and that all forms of treatment hitherto tried in inoperable cancers of these kinds are uncertain and inconstant in their effects, and unreliable as to the durability of the results they produce. In the vast majority of cases they are quite without palliative influence of any kind, except possibly in relieving pain. 5. That the boundary line between what are considered operable and inoperable cases

needs revision from time to time; that the tendency to extend the limits of operable cases needs in some instances to be restricted, and in others there may prove room for further extension. 6. That it is open to question whether some of the operations performed for relief should not be abandoned, and whether in other cases palliative operations ought not to be more often performed. 7. That investigations into both the cause and nature of the cancer are of the first importance, as being more likely to ultimately lead to cure than any treatment at present known. 8. That, with few exceptions, the attempts to cure cancer by means other than early and free operations have been hitherto almost invariably futile.—*American Journal of Surgery and Gynecology.*

AN UP-BUILDER IN POST-GRIPPAL CASES.

—Very many of our readers know, by reputation, at least, Dr. A. H. Ohmann-Dumesnil, of St. Louis. From a letter of recent date we quote the following: "I needed a roborant, and took, with much benefit to myself, Hagee's Cordial of Cod Liver Oil Compound. Since then I have had occasion to use it in a number of cases of grippe, and in all of them the results were of the best. The action of this preparation is rapid and thorough; and in a remarkably short time a case is recovered.

In a number of post-grippal cases in which enteric neuralgia, bronchial involvement, and a number of nervous symptoms manifested themselves, I have found this preparation equally effective."

Surgical Hints.

[From the International Journal of Surgery.]

It is well to bear in mind the fact that enlarged tonsils lessen the capacity for proper breathing, and that once they are inflamed they serve as a possible point of entry for all manner of infections.

In intestinal obstruction never give purgatives, for they are a source of distinct danger. If three or four copious high enemata do not produce the desired result, every minute of delay in performing an abdominal section becomes an additional risk.

Never pass a sound for the first time through a patient's urethra without having his head low, and take care to observe his countenance frequently. Patients once in a while will have an attack of syncope as a result of this procedure, which has been shown to be able to rapidly lower the blood pressure.

Primary syphilis of the fingers and hands, for obvious reasons, occurs more frequently in physicians than in any other class of people. Hence no physician is justified in failing to disinfect his hands with the utmost care after every examination of male or female genital regions or of mucous membranes. The worst way of diagnosing syphilis is by a culture experiment on the doctor himself.

The word catarrhal, as applied to appendicitis, may pathologically be correct enough, but it is a bad one to use in speaking with patients. It leads them to underestimate the possible

gravity of even the mildest appearing case. It must be remembered that there is always danger until the attack is entirely over, and that a diagnosis of "simple catarrhal appendicitis," followed a few days later by need for an undertaker's services, is a poor advertisement for the doctor.

In aspirating for pleurisy with effusion, cough usually begins after a fairly large amount of fluid has been withdrawn. It may serve to some extent to break adhesions, and in moderation may be beneficial. But if the cough begins very soon, and interferes with the removal of a sufficient amount of fluid, measures must be taken to stop it. The needle may be withdrawn, and the operation repeated next day, after a moderate dose of opium has been given to quiet nervousness. Better still, leave the needle in place, shutting off the stop cock, and tightly bandage the chest with a broad bandage, pulled more tightly as the fluid is removed. This strong support to the chest will usually stop the cough, and is a good routine measure to adopt in all cases of pleuritic effusion.

Case third—"TOBACCO PHARYNX."

This patient came to me for an annoying cough, which upon inspection I discovered was due to an intense hyperæmia of the pharyngeal structures. He was given a 25 per cent solution of Glyco-Thymoline and instructed to gargle his throat often with the medicine. I saw him a week later, and he advised me that very much to his own and his wife's delight the cough had entirely disappeared.

The Treatment of Tuberculous Glands in the Neck.

Leonard Freeman (*Jour. Amer. Med. Ass.*, December 6, 1902) says that general treatment, especially hygiene, is of the utmost importance, both in the cure of incipient trouble and in the prevention of relapse following operations on more advanced cases. Residence at the seashore has long been recognized as of great benefit; but there is reason to believe that a high and dry climate, such as that of Colorado, with its rarefied, stimulating atmosphere and abundant sunshine, possesses superior advantages. A point of extreme importance in local treatment is to abolish sources of infection, in the teeth, tonsils, nose, ear, scalp, etc. Non-operative treatment is often of doubtful utility, except in the beginning of the disease. Pulmonary involvement does not contraindicate operation, at least in Colorado, except in advanced stages. Curettage is applicable to sinuses, tuberculous ulcers of the skin, and when complete removal would be attended with too much risk. In all other instances a thorough operation should be done. The chance of permanent cure following operation is probably better in Colorado than in lower and less favorable altitudes.—*Phil. Med. Journal.*

Extract from an article entitled "The Heart in Typhoid and Malarial Fevers," by Dr. S. Aug. Freund, Berlin, Germany, in November number of *Medical Brief*.

Have I a case of fever? Then I do

not lose sight of the enteric disorder; and yet I still remember that there is a heart that is liable to complicate matters. That heart calls for the bromidia. It prevents the irritation, the poisoning. It cures the irritation, the poisoning. How did I know this? Partly by experiment, and partly by surgical experience. What do I mean by surgical experience? It is after the shock, after the operation, may be, after the fever invades. "All will go well, unless heart failure should ensue." We all know that expression. It is heard every day. But since I began to employ bromidia for the pain, this has been eliminated. I never dread "Heart failure" when I administer bromidia in my surgical cases. Having had such results there, there should be no need to ask where the principal lesson was learned in this matter of the fevers. I would not treat a surgical case and omit bromidia. I would not treat typhoid or typho-malarial fever, and omit bromidia.

The sample of Pepto-Mangan (Gude) sent to me some time ago was employed in a case of severe chlorosis in a poor girl, the sister of my servant, with very satisfactory results, after Bland's pill, tincture of iron, and other common preparations had proved inefficient or were not tolerated. The girl, who had been incapacitated for work for a number of months, has recovered since the administration of Pepto-Mangan, in connection with a rational regulation of diet, to such an extent that she is able again to go into service.

Hamburg.

DR. A. Fleischer.

QUICK AND SURE AND TIME TRIED.—Chas. B. Forsyth, M. D. (Bellevue Hospital Medical College, New York City), says: "I can say no more than that I have used Antikamnia Tablets since I began practicing medicine. Several times I have switched to other preparations, but I invariably come back to Antikamnia Tablets, when I want quick and sure results."

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SANMETTO IN ENLARGED PROSTATE COMPLICATED WITH CYSTITIS.—Dr. J. M. Minick of Wichita, Kans., Pres't of the Kansas State Board of Health, reporting his experience with Sanmetto, says: "I do not explain the action of Sanmetto from any ulterior motive or for publication any further than I candidly believe it is a god-send to men who are afflicted with enlarged prostate gland complicated with chronic cystitis, with a constant desire to micturate, especially at night."

ANTIPHLOGISTINE VS. PNEUMONIA.—The action of Antiphlogistine is dependent upon well defined physiological laws; that a most important reflex association exists between the vessels of the skin and the underlying tissue, that, when the superficial blood-vessels dilate the

deep-seated ones contract. Continuous stimulation of the cutaneous reflex maintains continued relief by persistent contraction of vessels in the inflamed area of lung tissue. Such governing action prohibits extension of the products of inflammation through infiltration by effecting rapid absorption and elimination of toxines. The infected area becomes self-limited as the adjacent blood-vessels supply well-aerated blood to compensate for the surcharged venous blood due to pulmonary consolidation. Under reflex control Antiphlogistine resolves hepatization of lung tissue and through osmosis and dialysis assists the superficial blood-vessels and lymph spaces to drain the hyperæmic parts by direct capillarity. Lessened blood-pressure prevents administration of whipping medication to the over-burdened heart.

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DEATHS FROM SPINAL COCAINIZATION.—M. F. Legue, *Presse Medicale*, reports two immediate deaths from spinal cocaineization. He believes cerebral congestion, arterio-sclerosis, and severe renal lesion as contra-indications to the use of cocaine by the intra-aracnoid method.—*Fort Wayne Medical Journal Magazine*.

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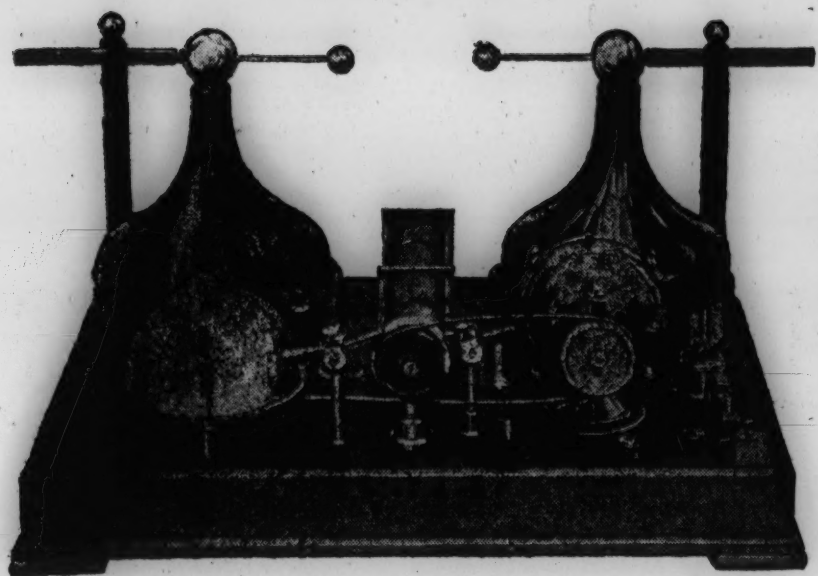
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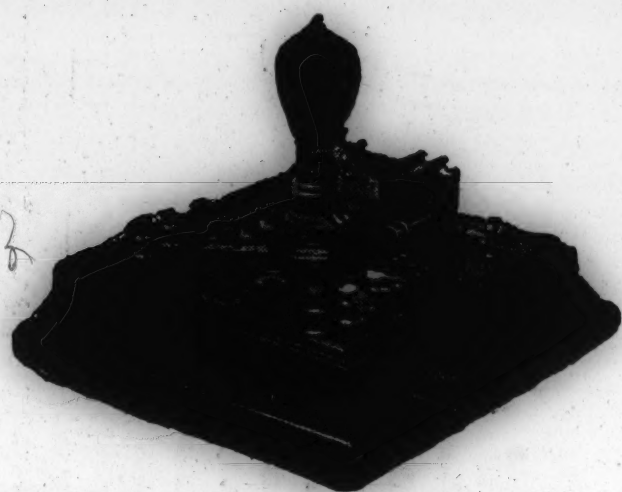
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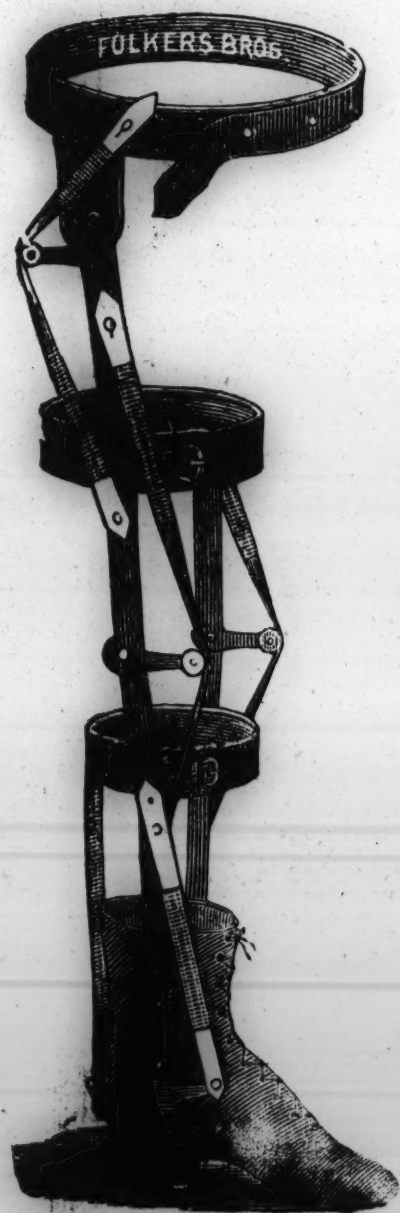
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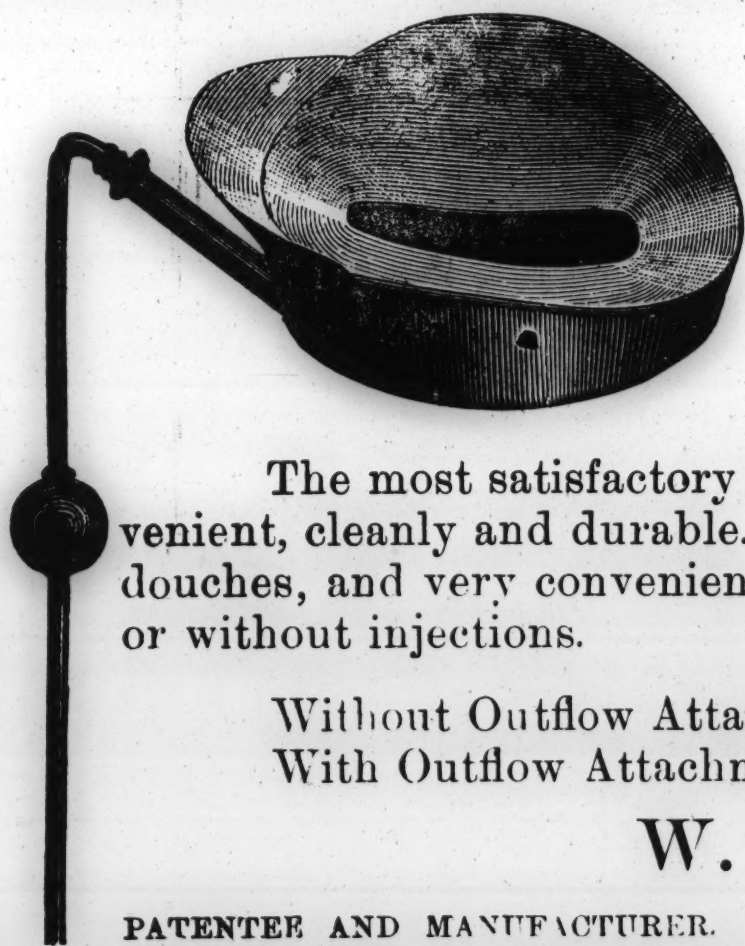
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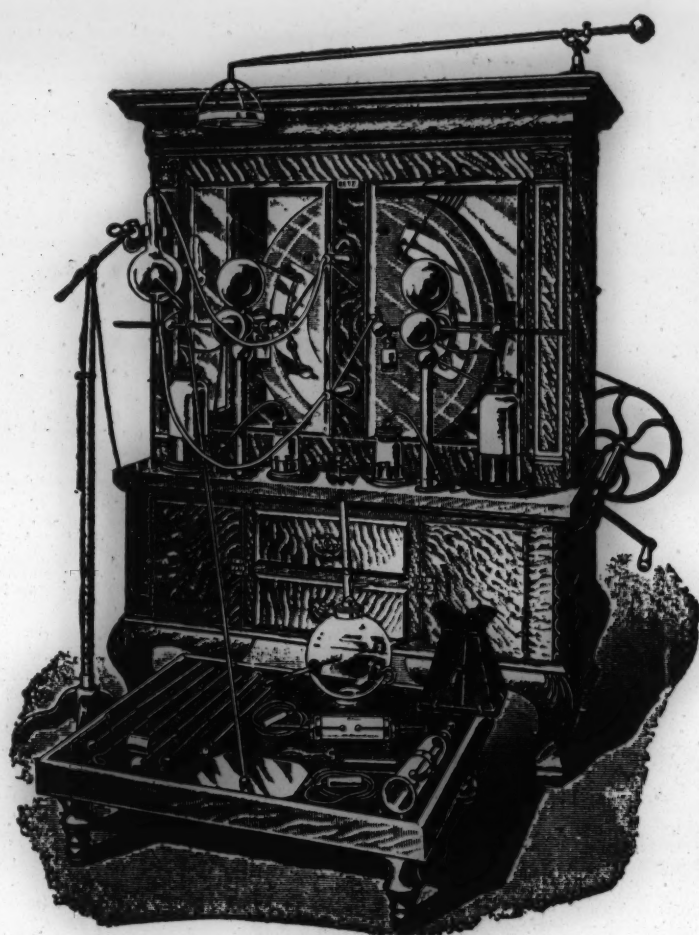
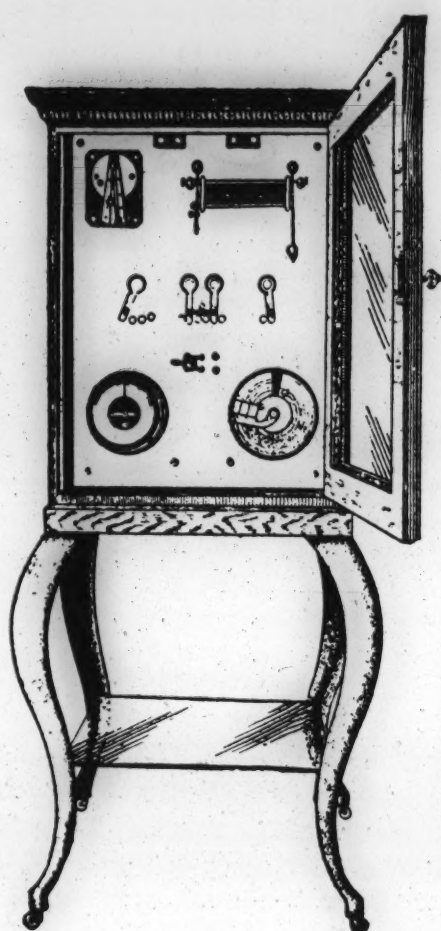
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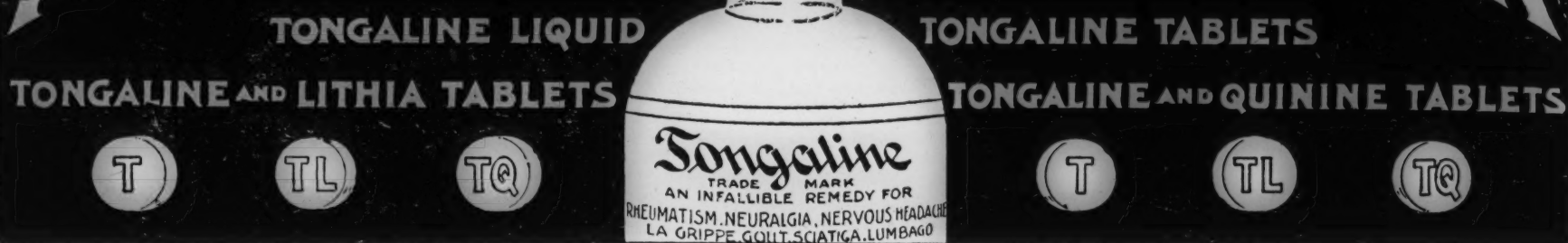
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